

TRIPURA GAZETTE



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PART -- II Advertisements and Notices

BEFORE THE NOTARY PUBLIC
WEST TRIPURA ; AGARTALA

Annexure-I

AFFIDAVIT

BY THIS AFFIDAVIT I the undersigned **SHIPRA DAS** lately called (Former name) employed as **Nursing Officer, Health & Family Welfare Department**, Govt. of Tripura under Director of Health Service at **JOLAIBARI CHC COMMUNITY HEALTH CENTRE, at Jolaibari, South Tripura do hereby:-**

1. Wholly renounce, relinquish and abandon on the use of my former name of **SHIPRA DAS** and in place thereof do assume from the date thereof the name **SHIPRA DAS** and so that I may hereafter be called known and distinguished not by my former name of **SHIPRA DAS** but by my assumed name of **SHIPRA DAS LASKAR**.
2. For the purpose of evidencing such my determination, declare that I shall at all times hereafter in all records, deeds and writings and in all proceedings,dealings and transactions private as well as public and upon all occasions whatsoever use and sign the name of **SHIPRA DAS LAKAR** as my in place of and in substitution for my former name of **SHIPRA DAS**.
3. Expressly authorizes and request all persons at all times hereafter to designate and address me by such assumed name of **SHIPRA DAS LASKAR**.
4. That, **SHIPRA DAS LASKAR & SHIPRA DAS (LASKAR)** is the same female and identical one i.e. myself.
5. In witness whereof I have hereunto subscribed my former and adopted name of **SHIPRA DAS LASKAR** and affixed my seal this 26th day of December 2023.

The Contents of the Affidavit are read over and Explained to the Deponent/Deponents
The Deponent / Deponents has / have
Acknowledging the contents and has/Have
Signed/put the thumb impression in this
Affidavit and He/She/They are identified by me.

N Madhushree Bhattacharya
Advocate.

Old Signature: Shipra Das

New Signature: Shipra Das (Laskar)

Signed and delivered by the above
Name: Shipra Das (Laskar)

Formerly: Shipra Das
In the presence

Witnesses No.1.

Signature: Janani

Identified by me:

Name: DR. PAMPI HANBI

N Maghi Sekhon Bhattehaje,
Advocate

Designation: Mo. Gr-IV TSH

Official Address:

Medical Officer
Jolaibari C.H.C.
(with Rubber Stamp) Santirbazar, South Tripura

Witnesses No.1.

Signature:

Name: DR. PRYANKA DEBARMA

Designation: Medical Officer, gr-III, TSH

Official Address:

Medical Officer
Jolaibari C.H.C.
(with Rubber Stamp) Santirbazar, South Tripura

NOTARY
26/12/2023
BIMAL DEB,
NOTARY Govt of Tripura
West Tripura Dist
Agartala
Regd No 44 of 2024